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# Reply to: "Is a score of 10 or greater on the Beck Depression Inventory equivalent to clinically diagnosed depression?"

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We thank Dr. Wang and colleagues for their interest in our paper, and think they raised important points in their letter [1]. However, as the aim of the present study [2] was to investigate whether a well-established prognostic score of cardiac mortality (GRACE score) could explain the association between BDI-scores and cardiovascular prognosis, we feel the points they address are not relevant to the aim of this paper [2].

We agree with Dr. Wang et al. that an elevated BDI-score is not equivalent to clinically diagnosed MDD. We recently showed in the same sample that elevated depressive symptoms on the BDI predict cardiac morbidity and mortality, even in the absence of clinically diagnosed MDD. In fact, we found that elevated BDI-scores were a more accurate predictor of cardiac morbidity and mortality than clinically diagnosed MDD [3]. In addition, given the fact that large RCTs

in depressed cardiac patients found no effects of depression treatment on cardiovascular prognosis compared to control groups [4–6], we do not expect depression treatment status to be of influence in our analyses. Although we previously showed that an increase in depressive symptoms post MI is associated with poor cardiac prognosis irrespective of the state of depression pre-MI in the same sample [7], we believe that considering the presence of depressive symptoms preceding MI or the increase in depressive symptoms post-MI goes beyond the scope of the present paper [2].

The authors of this manuscript have certified that they comply with the Principles of Ethical Publishing in the International Journal of Cardiology.

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